

F A C T S

(DEFENDANT: K. Sather, [Chief Dental Officer]

ORIGINAL

EXHIBIT C

State of California

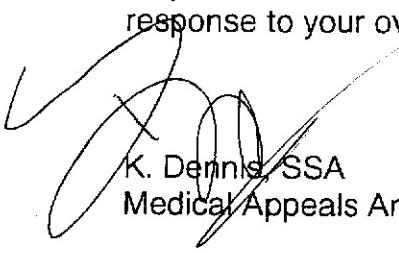
Filed 04/30/2008 Page 2 of 24

Depan. of Corrections and Rehabilitation

Memorandum

Date: October 23, 2006
To: CLEVELAND, H60545
From: K. Dennis, SSA
Medical Appeals
Subject: **APPEAL RESPONSE CTF-C-06-01608**

Medical Appeals has requested K. Sather, Chief Dental Officer, respond to your CDC 602 #CTF-C-06-01608 regarding your dental concerns. I will continue to request a response from the CDO. We also have your CDC 602 #CTF-C-06-03358 requesting a response to your overdue CDC 602. Medical Appeals apologizes for the delay.


K. Dennis, SSA
Medical Appeals Analyst

First Level

 Granted Denied Other

E. REVIEWER'S ACTION (Complete within 10 working days) Date assigned:

Interviewed by:

Clayton A. Layus, DDS CTF-Sole dad

MAY 23 2006

JUL 6 - 2006

Due Date

Your request to proceed with your full mouth extractions and fabrication of full upper and lower dentures is granted. Extractions of most of your teeth will be performed on Fri 6/23/06. A healing period of 6 weeks to allow shrinkage of gums and ridges will be necessary prior to initial impressions to allow for a better fit.

Staff Signature

Division Health Affairs

Signature:

F. If dissatisfied, explain reasons for requesting a Second Level Review
receipt of response:

Clayton A. Layus, DDS CTF-Sole dad

Title

TIMOTHY W. FRIEDRICH, M.D.

Title

STAFF PHYSICIAN & SURGEON

CTF-SOLE DAD

JUN 21 2006

Due Date

Returned

Date to Inmate

JUL 18 2006

and submit to Institution Inmate Appeals Board within 5 business days

(ON-5-21-06) Inmate Cleveland Filed A 600" grievance to repair his front teeth/mouth. (ON-6-21-06) 600" grievance was granted. Since then inmate Cleveland has been to the Dentist "3" times only to be told to come back, nothing has been done. Now he has been told his Dentist is under investigation by Folsom and can't get work done/would like to see another dentist.

Signature:

Second Level Granted P. Granted Denied OtherG. REVIEWER'S ACTION (Complete within 10 working days) Date assigned:
 See Attached Letter

AUG 08 2006

Due Date

SEP 06 2006

Received OCT 6 2006

Date Completed

Date Returned to Inmate

JAN 08 2007

Warden/Superintendent Signature:

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature:

Date Submitted:

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION Granted
 See Attached Letter P. Granted Denied Other

RECEIVED

AUG 8 2006

CTF APPEALS

CDC 602 (12/97)

~~To Appeals Coordinator~~
**INMATE PAROLEE
APPEAL FORM**
 CDC 802 (12/87)

Location: Institution/Parole Region

Log # 06-01608 Category 8-8

1. CTF-C
2. JUL 12 2006

JAN 08 2007

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Cleveland	H-60545	A-1-A) None	F-W-256-up.

A. Describe Problem: This inmate has been trying to get his teeth/mouth repaired since Sept - Oct 05. Dentist has taken all of the necessary x-rays and keeps promising on Cleveland that he will be sent a slip for follow up. That was more than 60 days ago. This inmate is being refused the proper dental care.

If you need more space, attach one additional sheet.

B. Action Requested: Would like for the dentist to fix and repair inmate Cleveland's mouth/teeth as requested.
 Thank you very much.
 From your Cleveland

Inmate/Parolee Signature:

Date Submitted: 5-21-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

RECEIVED

Signature: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

RECEIVED JUN 14 2006

Dr Lanes

RECEIVED
CTF APPEALS
MAY 25 2006
MEDICAL APPEALS

RECEIVED

MAY 23 2006

RECEIVED

Date Submitted: _____

JUL 12 2006 BC Appeal Number: _____

06-01608

Rec'd 9/25/06-MSS/IR
CTF-A

First Level Granted P. Granted Denied Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned:

JUN 28 2007

Due Date:

AUG 10 2007

Interviewed by: _____

SSA APPROVEDStaff Signature: David Jareff, DDS

Title:

Dentist

Date Completed:

Returned

Division Head Approved:

TSJ MURKIN

Title:

ODD

Date to Inmate:

AUG 13 2007

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level Granted P. Granted Denied Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

 See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections

P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: Granted P. Granted Denied Other _____ See Attached Letter

Date: _____

RECEIVED
JUN 2 2007
U.S. MAIL

07-02386

Board of Control form BC-1E, Inmate Claim
Note: Property/Funds appeals must be accompanied by a completed
CDC Appeal Number: _____ Date Submitted: _____ Signature: _____

BYPASS

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, inmate classification sheet, Application for Classification chrono, CDC 128, etc.) and submit to the institution/Parole Region Appeals Coordinator for processing within 15 days.

D. NORMAL LEVEL Date Returned to inmate: _____ Staff Signature: _____

BYPASS

Staff Response: _____

C. NORMAL LEVEL (Date Received: _____)

B. Action Requested: Inmates shall be returned to their previous classification level.
 If your need more space, attach one additional sheet. If this inmate is not going to receive staff, then staff should make to get off appeal. This inmate is almost 3 years.
 If anyone is abusing process, it is their responsibility to prove otherwise.

C. Normal Requests: Inmates shall be returned to their previous classification level.
 If you need more space, attach one additional sheet. If this inmate is not going to receive staff, then staff should make to get off appeal. This inmate is almost 3 years.

D. Normal Response: Inmates shall be returned to their previous classification level.
 If you need more space, attach one additional sheet. If this inmate is not going to receive staff, then staff should make to get off appeal. This inmate is almost 3 years.

E. Normal Level (Date Received: _____)

NAME	UNIT/ROOM NUMBER	PHONE NUMBER
INMATE Clevelund	H-6545	411-A Unisex

A. Describe Problem: On June 27, 07) inmate showed up to the showers.

You may appeal any policy, action or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representation decisions, you must first informally seek relief through discussion with the appealing staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprimands will be taken for using the appeals procedure responsibly.

APPAL FORM
INMATE/PAROLE
CDC 682 (12/87)
Category: _____ Log No.: AUG 13 2007
Location: Institution/Parole Region
1. 07-02886 2. CTFS
8-8

To: Appeals - Coordinator (cc) This is of the inmate. I complete file.

First Level Granted P. Granted Denied Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: OCT 13 2006 Due Date: NOV 29 2006

Interviewed by: John D. Evans # CTF-C-06-011608 was completed & returned to the Inmate Appeals Office July 11, 2006. Attached is a copy of the completed (2nd copy) appeal.

Staff Signature: J. D. Evans

Title: 350

Date Completed: 12/9/06

Division Head Approved:

Title: CDO

Returned

Signature: T. Sather

Date to Inmate: DEC 13 2006

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level Granted P. Granted Denied Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Inmate Cleveland would like to resubmit this appeal because nothing has been done since his visit with the dentist in Feb. 07. Inmate Cleveland mouth and teeth have still not been repaired. It has been almost two full years. Appeal Coordinator J. Aboyres / p.c. advised inmate to resubmit and complete section H.

Signature: Mr. John Cleveland

Date Submitted: 10-21-07

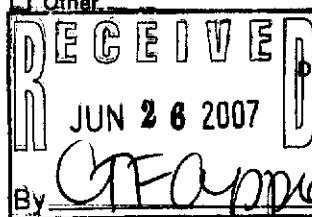
For the Director's Review, submit all documents to: Director of Corrections

P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: Granted P. Granted Denied

See Attached Letter

CDC 602 (12-04)



50-2,26,35

TO: The Chief Medical Officer?

**INMATE/PAROLEE
APPEAL FORM**

CDC 60-1371

Location: Institution/Parole Region

Log No.

06-03358

Category

8/8

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
I. Cleveland	H-60545	A-1-A	F-11W12-256-up

A. Describe Problem: INMATE Cleveland Has been TRYING TO Received DENTAL CARE SINCE SEPT-05" He has Filed A 602" GRIEVANCE, ON 5-23-06 - THAT HAS BEEN GRADED ON THE FIRST LEVEL, APPEAL LOG-N0: CTF-C-06-01608). DENTIST WAS REPLACED, FORCING INMATE Cleveland TO FILE GRIEVANCE ON SECOND LEVEL REQUESTING ANOTHER DENTIST.

See- ATTACH pg.

If you need more space, attach one additional sheet.

Witness - Officer K. Lewis:

B. Action Requested: THAT THE APPEAL ISSUE IN THE LOG NUMBER CTF-C-06-01608, BE SENT BACK TO INMATE Cleveland, SO THAT THIS INMATE MAY SEND TO SACRAMENTO/RH COURTS; AND THAT CALIFORNIA TRAINING FACILITY PAY INMATE Cleveland IN THE AMOUNT OF 10,000 FOR PAIN AND SUFFERING, AT THE INSTITUTION, FROM JUN. 2005.

Inmate/Parolee Signature: John Cleveland

Date Submitted: 10-10-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature:

RECEIVED RECEIVED

Note: Property funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

Date Submitted: _____

CDC Appeal Number: _____

OCT 12 2006 OCT 13 2006

06-03358

CTF APPEALS CTF APPEALS

To - Chief Medical Officer

Case 3:07-cv-02809-JP

Document 34-4

Filed 04/30/2008 Page 9 of 24

All Appeals process has been Clearly Violated," (over, and over)

INMATE/PAROLEE

APPEAL FORM

CDC 802 (12/87)

Location: Institution/Parole Region

CTF-S

Log No.

00774

Category

8-8

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No appeals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Cleveland	H-60545	-	F-W-258-4

A. Describe Problem: INMATE Cleveland received a Priority pass to see the Dentist, by Name of (Dr. Varela.) For "1300" ON ARRIVING TO THE DENTAL. HE WAS INFORM THAT THIS DR. WAS NOT THERE. THIS IS CLEARLY A VIOLATION OF THE APPEAL PROCESS. REASON BEING, THIS INMATE HAS BEEN more Then PATIENT WITH THIS MEDICAL STAFF SINCE - SEPT - 05 -) GRIEVANCE WAS GRANTED, STILL HE HAS NOT SEEN A DENTIST. SEE ATTACH - SHEET, AND EXHIBITS TO SUPPORT FACTS.
If you need more space, attach one additional sheet.

B. Action Requested: This INMATE has suffered ENOUGH Sept - 05, INMATE Cleveland has TWO ACTION REQUESTED, ONE THAT HIS TEETH AND MOUTH BE REPAIRED IMMEDIATELY WITH NO MORE DELAYS, SECOND REQUEST IS TO BE PAID FOR HIS PAYING AND SUFFERING. A COURT WILL DECIDE THAT.
Inmate/Parolee Signature: *[Signature]* Date Submitted: 8-20-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

RECEIVED

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

TEA 20 2007

00774

CTF APPEALS

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CORRECTIONAL TREATMENT FACILITY -SOLEDAD

Memorandum

Date: December 29, 2006

To: Cleveland, H60545

Subject: **CTF APPEAL LOG # CTF-S-06-01608
SECOND LEVEL RESPONSE**

ISSUE: Your CDC 602 appeal states that you have been trying to get your teeth/mouth repaired since September of 2005. You are requesting for the dentist to fix and repair your teeth/mouth as requested.

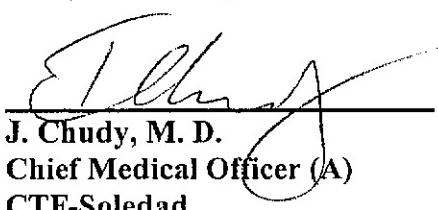
APPEAL RESPONSE: On 11/27/06 your CDC 602 appeal was partially granted at the first level of review. It states that on October 10, 2006 you were ducated to see the dentist to answer the 2nd level of a CDC 602. You claim that you tried to go east bound and the officers would not let you go and were sent back to your wing. You state that you have been patiently waiting for your dental repairs.

On Thursday 12/28/06 you were interviewed by Dr. Sather, Chief Dental Officer in the Central dental clinic. Your dental chart, dental issues and 602 issues were reviewed. You were informed that you will receive an exam by your treating dentist within 60days. Probably Maxillary (upper) Mandibular (lower) immediate dentures will be provided.

Your request was to not be without teeth very long and this will be considered.

APPEAL DECISION: Your Second Level appeal has been **GRANTED** in accordance with the policy and procedures as set forth in CCR Title 15 and DOM.

If you are dissatisfied with this decision, you may appeal to the Director's Level by completing section "H" on your appeal form, and submitting it by mail within 15 days of receipt of this response.



J. Chudy, M.D.
Chief Medical Officer (A)
CTF-Soledad

TO be Chief Medical Officer:

INMATE/PAROLEE
APPEAL FORM
CDC 60-7-71

Location: Institution/Parole Region

Log No.

Category

06-03358

8 - 8

1. CTF-C

1. OCT 15

2. _____

2. OCT 15

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
I. Cleveland	H-60545	A-1-A	F-Wing-256-a

A. Describe Problem: INMATE Cleveland Has been TRYING TO RECEIVED Dental Care Since SEPT-05" He has Filed A 602" GRIEVANCE, ON 5-23-06- THAT WAS GRANTED ON THE FIRST LEVEL APPEAL LOG-NUM: CTF-C-06-01608), DENTIST WAS REPLACE, FORCING INMATE Cleveland TO FILE GRIEVANCE ON SECOND LEVEL REQUESTING ANOTHER DENTIST.

See- ATTACH Pg.

If you need more space, attach one additional sheet. WITNESS- OFFICER K. Lewis

B. Action Requested: THAT THE APPEAL ISSUE IN THE LOG NUMBER CTF-C-06-01608, BE SENT BACK TO INMATE Cleveland, SO THAT THIS INMATE MAY SEND TO SACRAMENTO/FN COURTS; AND THAT CALIFORNIA TRAINING FACILITY PAY INMATE Cleveland IN THE AMOUNT OF 10,000 FOR PAIN AND SUFFERING, FN INSTITUTION PUNICTION, Date Submitted: 10-10-06

Inmate/Parolee Signature: Mr. Juan Cleveland

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: **RECEIVED** RECEIVED

Note: Proper forms appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

Date Submitted: _____

CDC Appeal Number: _____

OCT 12 2006 OCT 13 2006

06-03358

10-28-06 12-4-06
NOV 28 2006 12-12-06
Category 8-8
**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/07)

Location: Institution/Parole Region

Log No.

1. CTF-C

06-03404

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Cleveland	H-60545		FW 2560

A. Describe Problem: ON-10-10-06" INMATE Cleveland had A DUCAT TO THE DENTIST, TO ANSWER SECOND LEVEL 602 - GRIEVANCE, FIRST LEVEL WAS GRANTED. TIME FOR DUCAT 07:30, BREAKFAST FOR F-WING ON DAY IN QUESTION WAS AT 6:45" INMATE TRIED TO GO EAST BOUND AT 0700 OFFICERS WOULD NOT LET INMATE Cleveland go TO A 7:30 DUCAT AT 7:00. HE WAS SENT BACK TO HIS WING AND WAS TOLD TO LOCK IT UP UNTIL WORK CALL WHICH WAS 8:00. See-ATTACH-PAGE:

If you need more space, attach one additional sheet.

B. Action Requested: This Inmate has been patiently waiting and trying to get his mouth repaired. That Dr. Nesien AND OR INSTITUTION Be Ordered TO PAY INMATE Cleveland IN THE AMOUNT OF \$10,000.00 FOR PAIN/AH SUFFERING, see ATTACH PAGE ON pg Q

Inmate/Parolee Signature: J. Juan Cleveland

Date Submitted: 10/11/06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification change, DDCI 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Note: Property/Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim

OCT 18 2006

RECEIVED

RECEIVED

Date Submitted: _____

CDC Appeal Number: _____

DEC 5 2006

NOV 28

06-03404

CTF APPEALS

CTF APPEALS

CTF APPEALS

A 602 GRIEVANCE WAS FILED IN MAY-06, REQUESTING FOR REPAIR ON HIS TEETH, FIRST LEVEL. THE 602 WAS "GRANTED" ON DAY IN QUESTION. DENTIST WAS REMOVED FROM HIS POSITION AT THIS INSTITUTION. INMATE FILED ON SECOND-LEVEL REQUESTING FOR DENTIST AND STILL REPAIRS ON HIS TEETH AND MOUTH ONLY TO BE REFUSED ON - 10-10-06.

REQUEST BY THIS INMATE:

THAT HIS 602 GRIEVANCE APPEAL LOG NUMBER - CJF-C-06-01608⁰ BE SENT BACK TO INMATE, CLEVELAND. THIS INMATE IS VERY DISSATISFIED IN THE HANDLING OF THIS. HE ~~NO LONGER~~ HAS FAITH OR TRUST IN THIS DENTAL STAFF, ESPECIALLY DR. NESIER WHO HAS CLEARLY VIOLATED THIS INMATE'S LEGAL RIGHTS TO BE TREATED FOR MEDICAL OR ~~DENTAL~~ DENTAL NEEDS. THIS INMATE IS ASKING THAT THIS DENTIST ~~AND~~ AND OR INSTITUTION, BE ORDERED TO PAY HIM IN THE AMOUNT OF \$10,000. FOR PAIN AND SUFFERING AND INSTITUTIONAL AND PUBLIC HUMILIATION. THIS INMATE HAS BEEN TRYING FOR ALMOST A FULL YEAR TO GET HIS MOUTH REPAIRED BY THIS INSTITUTION. THIS IS TO ENSURE THAT IT IS UNDERSTOOD THAT SUCH BLATANT DISREGARD FOR THE LAW WILL NOT "TOLERATED" OR "CONDONED" IN ANY WAY.

Sincerely yours
A. J. M. 10-17-06

To - The Chief Medical Officer

~~To - The Appeals Coordinator~~

A Grievance WAS Filed. APPeal issue being: medical. The APPEAL LOG Number is CTF-C-06-01608. DATE THAT This APPEAL WAS Filed WAS (09-06-2006) IT IS NOW (10-18-06) The First Level WAS GRANTED. The Dentist w. Fired. Second Level WAS SENT IN. MR. CLEVELAND RECEIVED A Yellow Slip FROM THE APPEALS COORDINATOR DUE DATE 9-06-06. There HAS NOT BEEN ANY ANSWER OR RESPOND. This INMATE HAS BEEN TRYING TO GET HIS TEETH/MOUTH FIX FOR 11 MONTHS. His 602 Grievance WAS GRANTED AT THE FIRST LEVEL. The second level hasn't been ANSWERED. IT HAS BEEN MORE THEN 30 WORKING DAYS. This INMATE being IVAN CLEVELAND - H-60545. WOULD LIKE HIS 602 GRIEVANCE ANSWERED AND HIS MOUTH/TEETH ~~ALL~~ FIXINGS SOON AS POSSIBLE.

IVAN V. Cleveland - H-60545

F-WING - 256 - UP Refel fwtion to CMO

ASSIGNED STAFF Reviewer: DENTAL ~~Kerry J G~~
APPEAL ISSUE MEDICAL
Due Date 9-06-06.

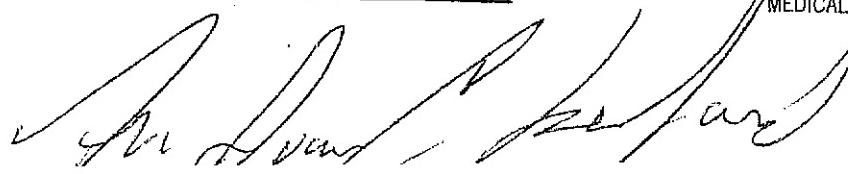
RECEIVED

OCT 23 2006

Sincerely Yours

CTF
MEDICAL APPEALS

10-18-06.



INMATE APPEAL ASSIGNMENT NOTICE

Date: May 23, 2006

To: INMATE CLEVELAND, H60545
Current Housing: CFFWT2000000256U

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: CTF-C-06-01608

ASSIGNED STAFF REVIEWER: D E N T A L

APPEAL ISSUE: MEDICAL

DUE DATE: 07/06/2006

Inmate CLEVELAND, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

J. Aboytes, CCII / P. G. Dennis, CCII
Appeals Coordinators
Correctional Training Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CLEVELAND, H60545
Current Housing: CFFWT2000000256U

Date: August 9, 2006

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: CTF-C-06-01608

ASSIGNED STAFF REVIEWER: D E N T A L
APPEAL ISSUE: MEDICAL
DUE DATE: 09/06/2006

Inmate CLEVELAND, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals
Department of Corrections
P. O. Box 942883
Sacramento, CA 94283-0001

J. Aboytes, CCII / P.G. Dennis, CCII
Appeals Coordinators,
Correctional Training Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CLEVELAND, H60545
Current Housing: CFFWT2000000256U

Date: October 13, 2006

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: CTF-C-06-03358

ASSIGNED STAFF REVIEWER: D E N T A L

APPEAL ISSUE: MEDICAL

DUE DATE: 11/29/2006

Inmate CLEVELAND, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

J. Aboytes, CCII / P.G. Dennis, CCII
Appeals Coordinators,
Correctional Training Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CLEVELAND, H60545
Current Housing: CFFWT2000000256U

Date: October 18, 2006

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: CTF-C-06-03404

ASSIGNED STAFF REVIEWER: D E N T A L
APPEAL ISSUE: MEDICAL
DUE DATE: 12/04/2006

Inmate CLEVELAND, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

J. Aboytes, CCII / P.G. Dennis, CCII
Appeals Coordinators,
Correctional Training Facility

ON 10-10-06 - INMATE Cleveland had A PASS TO GO TO SEE DENTIST Nesier AT (0730). CHOW FOR F-WING WAS OVER AT 0700. OFFICERS INFORMED INMATE Cleveland THAT HE HAD TO GO BACK TO HIS BUILDING. INMATE - Cleveland Did what he ~~was~~ WAS TOLD. HE WAS FORCED TO LOCK UP IN HIS CELL UNTIL 8:00 WORK CALLS. HE IMMEDIATELY WENT TO THE DENTIST, ONLY TO BE TOLD AND REFUSED DENTAL CARE DUE TO HIM BEING A FEW MINUTES LATE. ON RETURNING TO HIS BUILDING, OFFICER K. LEWIS CALLED THE DENTIST AND INFORMED DENTIST DR. NESIER THAT IT IS NOT INMATE CLEVELAND'S FAULT, AND THAT HE WAS BEING REFUSED MEDICAL ATTENTION. DR. NESIER LAUGHED AT HER AND STATED THAT INMATE CLEVELAND WOULD NOT RECEIVE ANOTHER PASS FOR THREE WEEKS. OFFICER LEWIS INFORMED THIS DENTIST THAT HE IS REFUSING THIS INMATE DENTAL CARE AND SUGGESTED THAT INMATE CLEVELAND WRITE A "NOTHER 602" GRIEVANCE. INMATE CLEVELAND HAS BEEN SUFFERING FROM PAIN FROM CRACKED BONE IN HIS MOUTH AND PAIN FROM TEETH / HE ALSO HAS NO FRONT TEETH. THE DENTAL MEDICAL STAFF HAS GONE OUT OF IT WAY TO VIOLATE THIS INMATES RIGHTS FOR MORE THEN 8 MONTHS. WHICH HAS CAUSED HIM SEVERE PAIN AND INSTITUTION AND PUBLIC HUMILIATION. THIS INMATE IS VERY, VERY DISSATISFIED WITH HOW THIS INSTITUTION HAS HANDLED THIS VERY SERIOUS PROBLEM. AND HAS NOT EVEN ALLOWED HIS FAMILY TO VISIT HIM DUE TO EMBARRASSMENT.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CORRECTIONAL TRAINING FACILITY - SOLEDAD

Memorandum

Date: November 27, 2006

To: CLEVELAND, H60545

Subject: **CTF APPEAL LOG # CTF-C-06-03404
FIRST LEVEL RESPONSE**

ISSUE: Your CDC 602 indicates that October 10, 2006 you had a ducat to the dentist to answer the 2nd Level of a CDC 602. You state that you tried to go East bound and the officers would not let you go your ducat and you were sent back to your wing. You state that you have been patiently waiting for your dental repairs. You are requesting that Dr. Nassir and CTF pay you \$10,000.00 for pain and suffering.

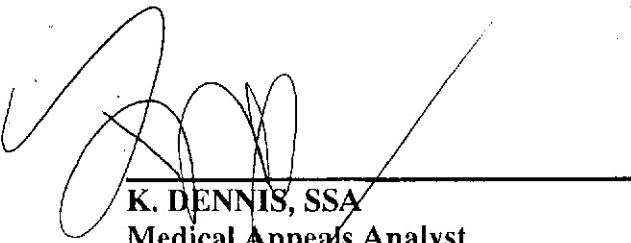
APPEAL RESPONSE: Your request for \$10,000.00 is beyond the scope of medical appeals.

CTF Dental cannot address your concerns with custody not letting you go to your ducat. You must address these concerns with custody.

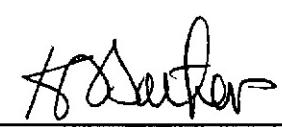
You were re-educated November 6, 2006 at 1330 hours per Dr. Nassir.

APPEAL DECISION: Your First Level appeal has been **partially granted** in accordance with the policy and procedures as set forth in CCR Title 15 and DOM.

If you are dissatisfied with this decision, you may appeal to the Second Formal Level by completing Section "F" of your CDC 602 form, and submitting it to the Institution Appeals Office within 15 days of the receipt of this response.



K. DENNIS, SSA
Medical Appeals Analyst
CTF - Soledad



KYLE B. SATHER, DDS
Chief Dental Officer
CTF - Soledad

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

December 5, 2006

CLEVELAND, H60545
CFFWT2000000256U

Log Number: CTF-C-06-03404

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You are attempting to change your original appeal issue.

Comments: Dr. Nassir is no longer employed by CTF.

J. Aboytes / P. G. Dennis
Appeals Coordinators
Correctional Training Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

December 13, 2006

CLEVELAND, H60545
CFFWT2000000256U

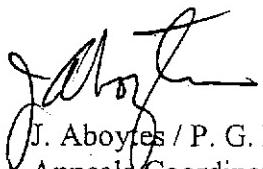
Log Number: CTF-C-06-03404

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You are attempting to change your original appeal issue.

Comments: You need to file separate appeal for dental needs second notice.



J. Aboytes / P. G. Dennis
Appeals Coordinators
Correctional Training Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

TO: The Appeals Coordinator:

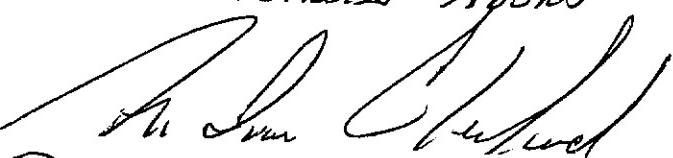
This ENTIRE ISSUE WAS due to DR. NASSIN.
his DISRESPECTFUL MANNER TOWARD INMATES AS
WELL AS OFFICERS. ALL I WANT is my mouth and
Teeth repaired. Which I have been TRYING TO
do Since SEPT-05. You AND This INSTITUTION
have Found EVERY WAY Possible TO VIOLATE This
REQUEST. I'M ASKING FOR THE LAST TIME IN A
Very kind WAY, MY ISSUE is my HEALTH due
to my teeth and mouth, DENTAL. I'M NOT
GOING TO TO FILE ANYMORE GRIEVANCE CON-
~~CONCERNING~~ MY RIGHTS TO MEDICAL TREAT-
MENT, IF Theres is ONE more STALLING-
~~BACK~~ FROM This INSTITUTION OR FROM ~~THE~~ DENTAL
OR YOU EVEN THEN I WILL HAVE NO Choice
but TO FILE A (PETITION TO THE COURT) SAYING
THAT CTF ~~DOES~~ (REFUSES TO TREAT me) AND THEN
FILE A (LEGAL LAWSUIT)
FOR THE LAST TIME REQUEST TO SEE A DENTIST,

Sincerely Yours
John L. Thompson
Date 12-6-05

APPEALS - COORDINATOR

To APPEALS Coordinator. This Grievance is being sent to you on the Second-Level. P-Granted on First. INMATE Cleveland has filed a grievance against Dr. Nassir. Does not feel comfortable with this Dr. He is very rude & disrespectful, even to the Wing Building Officer Officer Lewis. A petition for writ Habeas Corpus has been filed on my behalf against him. My only request in the Second Level is for another "DENTIST TO TREAT ME!"

Thank You Sincerely yours


John Cleveland

Date 12-1-06.

Pend. Segregation - F-
second-level